

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 26, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000023727	
1. Entity Name WEST BOCA EKG READERS, LLC	

Principal Place of Business C/O DAVID FUNT, MD 900 CENTRAL PARK BLVD #304 BOCA RATON, FL 33428	Mailing Address 8660 W. FLAGLER ST #200 MIAMI, FL 33144
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01072008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0065641	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEITMAN, LORN  
 8660 W. FLAGLER ST., #200  
 MIAMI, FL 33144

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

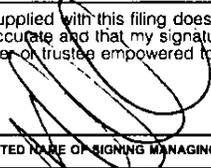
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FUNT, DAVID 9980 CENTRAL PARK BLVD #304 BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

04/09/08-80088-006 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date: 3/18/08 \_\_\_\_\_ Daytime Phone # \_\_\_\_\_